

**Improving the quality of preeclampsia/  
Eclampsia  
management : the case of Burkina Faso**

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# Introduction

- PE/E is a leading cause of maternal and neonatal mortality and morbidity in developing countries.
- In Burkina Faso, PE/E account for 4% of all maternal deaths ( DHS 98-99)
- Since the Magpie Trial, magnesium sulphate is the recommended treatment for eclampsia
- Some developing countries have yet to implement that evidence based treatment

# Objectives

- Review our efforts to improve the management of preeclampsia and eclampsia ( PE/E) in Burkina Faso
- Review some of the challenges and successes in managing with PE/E

# Efforts to improve PE/E management

- June 2004: debut of the re-introduction of MagSulphate in our hospital through a regional training in EmONC  
( 100 vials of 15% Magsulphate donated by JHPIEGO)
- 2004-2005 : following the training magsulphate was re-introduced in Guinea, Niger, Rwanda, Burkina Faso.

**Some resistance was noticed in Ivory Coast**

# Efforts to improve PE/E management con't

- 2005-2007
  - Adoption of the IV protocol instead of the IM one
  - Unsuccessful advocacy toward the management of our hospital to purchase Magsulphate
  - Magsulphate purchased by our department outside Burkina Faso mainly in Ghana and Niger during occasional trips
  - Letter to private pharmacists in Bobo Dioulasso to make magsulphate available
  - inclusion of magsulphate in the country EmOC guidelines as first line treatment for eclampsia.

# Efforts to improve PE/E management con't

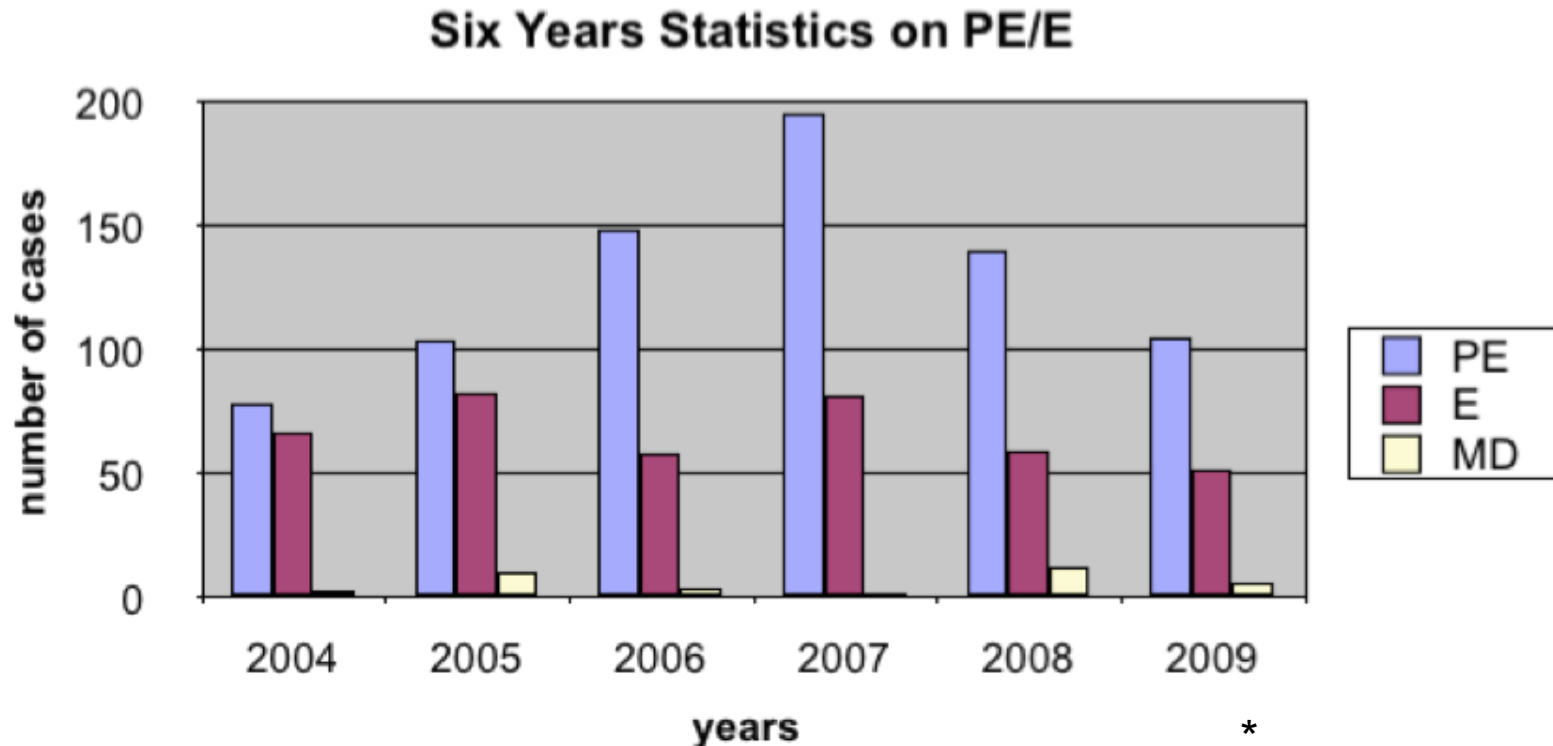
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- Joint advocacy of the 2 teaching hospitals leading to the availability of magsulfphate nationwide
- Inclusion of magsulphate in the eclampsia initial treatment kit in all public hospitals pharmacies

## Eclampsia initial treatment kit

<b>Drugs and supplies</b>	<b>Quantity</b>
Ringer lactate 500 ml	1
Glucose solution 5% 500ml	1
IV line	1
Syringe 10 ml	1
Examination gloves	2
clonidine	1 vial
Urinary catheter	1
Urines bag	1
Diazepam 10 mg	2 vials
Magsulphate 50%	2 vials

# PE/E at Souro Sanou University Teaching Hospital



# Our « successes »

- a more aggressive treatment of preeclampsia/eclampsia which resulted in less maternal and neonatal morbidity and mortality
- the availability of magnesium sulphate in Burkina Faso through the National Essential Drugs Purchasing Agency
- Availability of a national protocol to treat eclampsia
- Introduction of Magnesium sulphate in some African francophone countries through training

# Challenges

- Stocks out of magsulfate still exist in some hospitals
- Resistance of the old generation of obstetricians in some countries to the use of magsulfate

# Conclusion

- The prognosis of patients with PE/E in our hospital has improved for the last 6 years due mainly to the introduction of magsulphate
- Our multiforme efforts have led to the availability of the drug in the entire country
- It is an example of how health care professionals can advocate for the implementation of evidence based interventions

THANK YOU FOR YOUR ATTENTION